

## **Entry Blank—Please Type or Print**

Ms./Artist Mr./Artist  Mr./Artist  (last name last)
Permanent 33901 Chardon Rd.  Street City Willoughby Hill, OB
<u>44094</u> Daytime Tel. (2/6) 26/- 2492 Zip area
Temporary or Studio Address Street City
Daytime Tel. ( )
Zip area
If you do not presently live in one of the counties of the Western  Reserve, in which county were you born?
Collaborator (if any)
If May Show entries are not accepted or are not sold:  ☐ Artist will pick up at Museum.  ☐ Museum should dispose of.  ☐ Museum should ship to artist at artist's expense:
Street
Street  City State Zip
City State Zip
City State Zip  Special Instructions  Entry Blank must be completed in full and signed; forms received unsigned will not
City State Zip  Special Instructions  Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.  When necessary, include instructions or a drawing for assembling and displaying
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## **Entry Blanks**

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Detach entire portion along dotte

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Materials used (media):						
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